



BARBARA K. CEGAVSKE
Secretary of State
Elections Division
101 North Carson Street, Suite 3
Carson City, Nevada 89701-3714
Phone: (775) 884-6708
Fax: (775) 684-6718
Website: www.nveos.gov

Office of the
Secretary of State

Barbara Cegavske

Barbara Cegavske
Elections Division

JStokes

12/31/2015

#1158

State of Nevada
**Committee for Political Action
(PAC)**
Registration Form
Page 1

ABOVE SPACE IS FOR OFFICE USE ONLY

- ☐ New Registration ☐ PAC (Advocating Passage or Defeat of a Ballot Question)
- ☒ Annual (Due on or before January 15th of each year; NRS 294A.230(4)(b))
- ☐ Amended Registration: ☐ Change Officers ☐ Change Registered Agent ☐ Change Address
check all that apply
- ☐ Change Name ☐ Previous Name of PAC
- ☐ Other:

Name of Committee:

Shilcoln PAC

Telephone:

Mailing Address:

3455 Cliff Shadows Parkway, Suite 220

Las Vegas
City

NV 89129
State Zip Code

Street Name, Number

PAC Active Email Address: szola@kcivlaw.com

PURPOSE: Briefly state the purpose for which the PAC was organized.

Support candidates for public office and appropriate public policy issues

REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent:

Mark H. Florentino

Telephone:

Physical Address:

1980 Festival Plaza Drive, Suite 650

Las Vegas
City

NV 89135
State Zip Code

Street Name, Number

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

X *Mark H. Florentino*
Signature of Registered Agent

Date: 12-31-15



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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title:

John A. Ritter, Chairman/Treasurer

Telephone:

702-242-4949

Mailing Address:

3455 Cliff Shadows Parkway, Suite 220
 Street Name, Number

Las Vegas
 City

NV 89129
 State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization:

Telephone:

N/A

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

SUBMITTED BY:

X *Mark H. Fiorentino*

Printed Name:

Mark H. Fiorentino

Date:

12-31-15

Telephone:

702-792-7000

Signature of Representative of Group: